



State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/10/2015

Business ID: 713139

William M. Gardner

Secretary of State

TALENTWISE, INC.

19910 NORTH CREEK PARKWAY SUITE 200
BOTHELL, WA 98011

ADDRESS OF PRINCIPAL OFFICE:

19910 NORTH CREEK PARKWAY SUITE 200
BOTHELL, WA 98011

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM
9 CAPITOL STREET
CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 713139

STATE OF DOMICILE: DELAWARE

SAAS; HR technology; Hiring Process Management, Screening

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address 19910 North Creek Parkway, Suite 200,, Bothell, WA 98011

☒ The new principal office address 19910 North Creek Parkway, Suite 200, , Bothell, WA 98011

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

TREAS. Paul T Cook
STREET 19910 North Creek Parkway, Suite 200
CITY/STATE/ZIP Bothell WA 98011
SEC'Y. Paul T Cook
STREET 19910 North Creek Parkway, Suite 200
CITY/STATE/ZIP Bothell WA 98011
PRES. Todd C Owens
STREET 19910 North Creek Parkway, Suite 200
CITY/STATE/ZIP Bothell WA 98011
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Paul T Cook
STREET 19910 North Creek Parkway, Suite 200
CITY/STATE/ZIP Bothell WA 98011
DIR. Todd C Owens
STREET 19910 North Creek Parkway, Suite 200
CITY/STATE/ZIP Bothell WA 98011
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

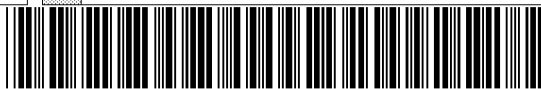
To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Michelle Donato

Please print name and title of signer: Michelle Donato / AUTHORIZED PARTY
NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301